

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

DIVISION OF SOLID WASTE MANAGEMENT 312 Rosa L. Parks Avenue, 14th Floor Nashville, TN 37243

RECEIVED

JUN 3 0 2014

SOLID WASTE PAR	T I APPLIC	ATION	JO	HNSON CITY ENVIRONMENTAL
1. a. Facility's full, legal name			Official use only FIELD OFFICE	
Hoffman Composting				
b. Mailing address	City		State	Zip Code
303 Woodlyn Rd.	Johnson	City	TN	37601
2. a. Physical location or address of facility			County	4
(Same as mailing)			Washi	nglon
b. Latitude (degrees, minutes, and seconds)	Longitude (degrees, minute		es, and seconds)	
36° 20'47.5" N	82°19*13'		'W	
Responsible official's name Phone r			umber with area code	
Hugo Hoffman		14231943-0712		
4. Manager's or Operator's name		Phone number with area code		
Hugo Hoffman		(423) 943-0712		
5. a. Landowner's name		Phone number with area code		
Hugo Hoffman		(423) 943-0712		
b. Mailing address	City	01	State	Zip Code
303 Woodlyn Rd.	Johnson	City	TN	37601
b. Mailing address 303 Woodlyn Rd. City Johnson City TN 37601 6. a. Zoning authority's name * 1.1. shington C. Current zoning status Phone number with area code				
6. a. Zoning authority's name * Michael Ratherford, washington to AC *see instruction on back b. Mailing address **Connection of the control of the cont	R	1423	753-	1753
b. Mailing address	City	,	State	Zip Code
Michael Ratherford, Washingled Co. *see instruction on back Tong Admin. AGR (423) 753-1753 b. Mailing address City State Zip Code 100 E. Main St., Suite 103 Jones borough TN 37659				
7. Type of facility: Class I Class II Class III Compost				
0 6:4	Ein		***************************************	
9. Type(s) of waste handled:				
Municipal Industrial Commercial Demolition Medical Vard Waste				
1 Other Source separated food waste				
10. Amount of waste handled:				
Weight <u>7.7</u> tons/day	Volume	5.8	?	cubic yards/day
11. I certify under penalty of law that this document and all attac	chments were p	repared by 1	me, or under	my direction or supervision in
accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the				
information, the information submitted is, to the best of my ki	nowledge and be	elief, true, ar	nd accurate, a	nd complete. I am aware that
there are significant penalties for submitting false informatio Tennessee Code Annotated Section 39-16-702(a)(4), this declara	on, including the	e possibility der penalty o	of fine and in f periury.	nprisonment. As specified in
Date 6/26/14 Signature of Responsible Official Tokung Hoffen				
TENNESSEE Signature of Responsible Official Title Owner-Toperator				
Signature of Notary Aracu & Sugar				
(Notary Seal) Date Commission Expires (317)				
A COLON			10/	11
12. Date 6/25/14 RECEIVED signat	ture of Landowi	ier Mus	so Hof	- Comment of the Comm
CN-1036 (Rev. 11-12) DIV SOLID WASTE MG (continued on	reverse)	0	10	RDA 2202
JUL 0 7 2014			٠	

_File No. _

Group No. ___

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